

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 09/305738 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
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50													
TOTAL IND.	3		2										
TOTAL DEP.	27		7										
TOTAL CLAIMS	30		9										
51													
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100													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
101						2
102					1	
103						1
104						1
105						1
106						1
107						1
108						1
109						1
110						3
111						3
112						3
113						1
114						1
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145						
146						
147						
148						
149						
150						
Total Indep					7	
Total Depend					55	
Total Claims					62	